Under the Peperwork Reduction Act of 1895, no persons are required to respond to a potentian of information unless it displays a year OMB control number. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Humber Substitute for Form PTO-876 Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED BASIC FEE (37 CFR 1.16(4), (4), 4 (4) NUMBER EXTRA RATE (1) FEE (I) NA RATE (1) . N/A · N/A SEARCH FEE 150.00 (37 CFR 1 16(10, 19; ox (my) NA · N/A 300.00 NIA. · N/A **EXAMINATION FEE** \$250 N/A (3) CFR 1.16(0), (p), or (q)) \$500 NA NA N/A \$100 TOTAL CLABAS NIA \$200 (3) OFR 1.16(H) minus 20 a X\$ 25 INDEPENDENT CLAIMS X\$50 OR. (37 CFR 1.16(h)) minus 3 e Xino If the specification and drawings exceed 100 X200 APPLICATION SIZE . sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CPR 1.16(6)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I)) +180= +360= ". If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Cotumn 3) OTHER THAN SMALL ENTITY OR CLAIMS HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT 13, AFTER AMENDMENT RATE (1) 172 ENDMENT PREVIOUSLY ADDI-**EXTRA** RATE (1) TIONAL ADDI Total DI CER MAGIL PAID FOR FEE (\$) TIONAL Minus ~D@ FEE (f) X\$ 25 Independent O7 CFR 1.166H X\$50 Minus. 2 OB X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST m REMAINING NUMBER PRESENT AFTER RATE (1) PREVIOUSLY PAID FOR ADDI-RATE (1) EXTRA AMENDMENT ADDI-TIONAL Total pr CFR 1.10(1) MONDA FEE (1) TIONAL Minus FEE (1) X\$ 25 Independent DI OFR LIGHT X\$50 Minus OR ٠. X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.100) +180= +360z OR TOTAL

If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (In this space is less than 20, enter "20".

The "Highest Number Previously Paid For" (In this space is less than 3, enter "2".

This collection of information is required by 97 CFR 1.16. The information is required to obtain or retain a being by the public which is to life (and by the including pathering, end submitting the completed application form the USPTO. Three will vary depending upon the individual case. Any completed and trademark Office, U.S. Dependment of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS